**************************************				NORTH CARCATAIN			on 1	
IPDR6702 RUN DATE:	11/07/2004		TDD	NORTH CAROLINA S CHECKWRITE SUMMARY REPORT		PA	GE: 1	
RUN DAIL:	11/07/2004			HECKWRITE DATE: 11/09/2004				
			-	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	327	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
	11/ 00/ 383			BENEFIT PACKAGE.				
		8505	15	CLAIM DENIED DUE TO INSUFFICIE	5	355	402	47
1				NT BUDGET				
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	7	RVICES IN IPRS.				
				IN TODO IN TINO.				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0					
	1	U	U		0	0	0	0
	 	 						
3404904	WESTERN HIGHLAN	0	0	*** NO DATA TO REPORT ***				
	DS LME							
		0	0		0	0	1	1
								
3404905	TRANS COLOR MANUE	0	0	*** NO DATA TO REPORT ***				
	TREND COMM MENT AL HLTH CTR							
	AL ILLII CIK							
		0	0		0	0	0	0
2404007		0		*** NO DATA TO REPORT ***				
3404907	RUTHERFORD-POLK	U	U	NO DATA TO REPORT				
		0	0		0	0	0	0
3404910	PATHWAYS	8599	300	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
				DENDFII FACAGE.				
		10	115	DIAGNOSIS OR SERVICE INVALID F	1	601	8670	8065
				OR CLIENT AGE. VERIFY CID,	-	001	0070	0003
				DIAGNOSIS, PROCEDURE CODE FOR				
		8505	77	CLAIM DENIED DUE TO INSUFFICIE				
	1	1		NT BUDGET				
		-						
3404912	CATAWBA COUNTYM	8931	129	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT	<u> </u>	-	RVICES IN IPRS.				
		8599	64	DETAIL NOT COVERED BY COMBINAT	129	253	4515	4262
				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	1	-		DENEFII FACRAGE.				
	-	8000	30	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
	1							
3404913	MECKLENBURG COM	11	280	CLIENT NOT ELIGIBLE ON SERVICE				
	ENTAL HEALT			DATE				
		0	0		_	0		-
	-		-		0	280	280	0
	1							
3404916	CROSSROADS BEHA	0	0	*** NO DATA TO REPORT ***				
	VIORAL HEAL							
		1						
		0	0		0	0	13	13
		0	0		0	0	13	13

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	120	100	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT				
	AN SERVICES			AS A NEW CLAIM				
		21	24	DUPLICATE OF CLAIM-SYSTEM	0	126	1665	1539
		8526	1	CLAIM DENIED, UNITS BILLED MUS				
				T BE GREATER THAN ZERO				
3404918	ROCKINGHAM CO M	8599	45	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ENTAL HEALT			BENEFIT PACKAGE.				
		8935	6	ASTNC INELIGIBLE TO RECEIVE SE	7	62	706	644
				RVICES IN IPRS.				
		5404	4	SEVERE DUPLICATE: SAME ATTD PR		 	 	
				OV/PCODE/TOS/DOS/MOD		+	 	
						1	1	
3404919	GUILFORD CO MEN	8599	234	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTHC			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		-	-	
				DEMEFII FACINGE.				
		8517	113	CLAIMS DENIED, SUBMITTED BEYON	117	611	4233	3622
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		0025	E 6	ASTNC INELIGIBLE TO RECEIVE SE				
		8935	56	RVICES IN IPRS.				
				1110.				
3404920	ALAMANCE CASWEL	8517	282	CLAIMS DENIED, SUBMITTED BEYON				
	L AREA MH D			D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		8599	170	DETAIL NOT COVERED BY COMBINAT	33	781	4664	3883
				ION OF RECIPIENT, PROVIDER AND	3.3	701	4004	3003
				BENEFIT PACKAGE.				
		8518	122	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404921	ORANGE PERSON C	5312	938	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		11	51	CLIENT NOT ELIGIBLE ON SERVICE	19	1164	0040	1676
				DATE	19	1164	2840	1676
						1	1	
		8599	47	DETAIL NOT COVERED BY COMBINAT		<u> </u>	<u> </u>	
			-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		1	1	
			1	- ANDAROD.		+	+	
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***		<u> </u>	<u> </u>	
	ER							
_							L	
		0	0			 	 	
		v	v		0	0	0	0
						+	 	
3404923	VGFW AREA AUTHO	11	177	CLIENT NOT ELIGIBLE ON SERVICE				
	RITY			DATE				
						<u> </u>	<u> </u>	
		8599	101	DETAIL NOT COVERED BY COMBINAT	_		00:-	0.4==
		0000	101	ION OF RECIPIENT, PROVIDER AND	0	375	2847	2472
				BENEFIT PACKAGE.		<u> </u>	<u> </u>	
		1	1			1	t	
		8622	47	60 RESIDENTIAL LEVEL II TREATM				
		8622	47	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				

					1		TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	21	2115	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8517	316	CLAIMS DENIED, SUBMITTED BEYON	11	2814	3167	353
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				IRROUGH APRIL DOS MUSI BE SUBM				
		8599	115	DETAIL NOT COVERED BY COMBINAT				
		0333	113	ION OF RECIPIENT, PROVIDER AND				
			-	BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8599	71	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
	O FEMALITE III			BENEFIT PACKAGE.				
		8931	53	AMTNC INELIGIBLE TO RECEIVE SE	76	281	3122	2841
				RVICES IN IPRS.				
		120	24	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404927	CUMBERLAND CO M	8505	1327	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
	1				1			
		8599	182	DETAIL NOT COVERED BY COMBINAT	0	1645	3771	2126
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	39	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404929				DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/	21	75	DUPLICATE OF CLAIM-SYSTEM				
	DD/SAS							
		8599	1.6	DETAIL NOT COVERED BY COMBINAT				
		0399	16	ION OF RECIPIENT, PROVIDER AND	0	111	3572	3461
				BENEFIT PACKAGE.				
				DENEFII FACRAGE.				
		143	e	CLIENT ID NUMBER NOT ON STATE				
		113	0	ELIGIBILITY FILE				
			-					
			-					
3404930	JOHNSTON COUNTY	0	0	*** NO DATA TO REPORT ***				
	MNTL HLTHC							
	PINTE HETHC							
		0	0		0	0	0	0
	1		1		1			
3404931	WAKE CO HUM SVC	8599	368	DETAIL NOT COVERED BY COMBINAT	1			
	BILLING OF			ION OF RECIPIENT, PROVIDER AND	1			
				BENEFIT PACKAGE.				
		120	163	CLIENT ID NUMBER MISSING OR IN	265	1022	4424	3402
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8935	160	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
24040								
3404932	RANDOLPH/SANDHI	U	v	*** NO DATA TO REPORT ***				
	LLS CO MH C		1					-
	+	0			1			
	_	U	·		0	0	0	0
	1		1		 			
3404933	0.0110010000000000000000000000000000000	8599	89	DETAIL NOT COVERED BY COMBINAT	1			
	SOUTHEASTERN CT		+	ION OF RECIPIENT, PROVIDER AND	 			
	R FOR MH/DD		1	BENEFIT PACKAGE.	 			-
			 		 			
			88	NO RATE AVAILABLE ON FILE TO P		0	0.755	02.00
		18000			25	259	2420	2161
		8000		RICE THIS CLAIM DETAIL				
		8000		RICE THIS CLAIM DETAIL				
		8000		RICE THIS CLAIM DETAIL				
			18					
		8931	18	RICE THIS CLAIM DETAIL AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
			18	AMTNC INELIGIBLE TO RECEIVE SE				

PROVIDER							TOTAL	TOTAL
		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER WARE				DENTALO	DENTALS	FINALIZED	FAID
3404934	ONSLOW COUNTY B	11	15	CLIENT NOT ELIGIBLE ON SERVICE				
3404934	EHAVIORAL H			DATE				
	ENAVIORAL II							
		8599	R	DETAIL NOT COVERED BY COMBINAT		30	01.6	100
		0333		ION OF RECIPIENT, PROVIDER AND	U	30	216	186
				BENEFIT PACKAGE.				
				DIMELL LIGHTON.				
		8517	2	CLAIMS DENIED, SUBMITTED BEYON				
		0317		D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404935				*** NO DATA TO REPORT ***				
3404933	WAYNE CO MENTAL	0		NO DATA TO REPORT				
	HEALTH CTR							
		U	J		0	0	0	0
3404936	WILSON-GREENE M	21	32	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
	1							
		120	8	CLIENT ID NUMBER MISSING OR IN	8	73	829	756
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
							1	
	1	5404	8	SEVERE DUPLICATE: SAME ATTD PR			T	
				OV/PCODE/TOS/DOS/MOD				
	+							
	+						1	
3404937	EDGECOMBE NASH	8517	122	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
	MNTL HLTH C			THROUGH APRIL DOS MUST BE SUBM				
				THROUGH AFRIE DOS MUST DE SUDM				
		21	31	DUPLICATE OF CLAIM-SYSTEM				
		21	31	DUPLICATE OF CLAIM-SISTEM	4	213	2574	2361
		8000	15	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404938	VGFW DBA RIVERS	8599	62	DETAIL NOT COVERED BY COMBINAT				
	TONE COUNSE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8000	31	NO RATE AVAILABLE ON FILE TO P	9	177	1763	1586
				RICE THIS CLAIM DETAIL	,	1//	1703	1300
		21	30	DUPLICATE OF CLAIM-SYSTEM				
		21	30	DOFBICATE OF CHAIN-SISIEM				
3404939		0517						
3404939	NEUSE MENTAL HE	8517	1	CLAIMS DENIED, SUBMITTED BEYON				
3404939	NEUSE MENTAL HE ALTH CENTER	8517	1	D FILING TIMELIMIT. JULY				
3404939		8517	1					
3404939		8517	1	D FILING TIMELIMIT. JULY				
3404939		8517	1	D FILING TIMELIMIT. JULY	0	1	139	138
3404939		8517	1	D FILING TIMELIMIT. JULY	0	1	139	138
	ALTH CENTER	0	0	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	1	139	138
3404939	ALTH CENTER PITT CO MH/DD/S	0	0	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE	0	1	139	138
	ALTH CENTER	0	0	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM	0	1	139	138
	ALTH CENTER PITT CO MH/DD/S	0	0	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE	0	1	139	138
	ALTH CENTER PITT CO MH/DD/S	0	0	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE	0	1	139	138
	ALTH CENTER PITT CO MH/DD/S	0 11	0 368	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE	0	1		138
	ALTH CENTER PITT CO MH/DD/S	0 11		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE				
	ALTH CENTER PITT CO MH/DD/S	0 11		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER PITT CO MH/DD/S	0 11		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER PITT CO MH/DD/S	0 11 15 5599		D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER PITT CO MH/DD/S	0 11 15 5599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	ALTH CENTER PITT CO MH/DD/S	0 11 15 5599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	ALTH CENTER PITT CO MH/DD/S	0 11 15 5599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER	0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM				
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT				
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER	0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUEM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT				
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 8599 21 21 8599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	776	1746	970
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 8599 21 21 8599	1173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUEM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND			1746	
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 8599 21 21 8599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	776	1746	970
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 8599 21 21 8599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	26	776	1746	970
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 15599 21 21 21 21 21 21 21 21 21 21 21 21 21	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUEM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	26	776	1746	970
	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 8599 21 21 8599	173	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	26	776	1746	970
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 15599 21 21 21 21 21 21 21 21 21 21 21 21 21	173 1114	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUEM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	26	776	1746	970
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	0 0 11 11 15599 21 21 21 21 21 21 21 21 21 21 21 21 21	173 1114	D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM CLIENT NOT ELIGIBLE ON SERVICE DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	26	776	1746	970

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
						-		
3404943	ALBEMARLE MENTA	191	35	CLIENT ID NUMBER DOES NOT MATC				
	L HEALTH CE			H PATIENT NAME				
		8518	22	CLAIM DENIED, SUBMITTED BEYOND	25	177	1942	1765
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		21	22	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8599	26	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	1.7	RVICES IN IPRS.	31	102	1842	1740
		+		ANTICLO IN IFRG.	-			
		+	1		 			
		8518	14	CLAIM DENIED, SUBMITTED BEYOND	 			
		0010		FILING TIMELIMIT. MAY AND				
		+	1	JUNE DOS MUST BE SUBMITTED BY	 			
				OUND DOD HOOT DE GOEMITTED ET				
3404946	FOOTHILLS AREAM	8599	421	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
	ENIAL REALI			BENEFIT PACKAGE.				
		11	417	CLIENT NOT ELIGIBLE ON SERVICE	5	948	5154	4206
				DATE	,	540	3134	4200
		191	93	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	8518	27	CLAIM DENIED, SUBMITTED BEYOND				
	HEALTH CTR			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		537	21	PROCEDURE IS NOT COVERED FOR T	27	115	391	276
				HIS DATE OF SERVICE				
		1						
		21	15	DUPLICATE OF CLAIM-SYSTEM				
3404959	DAVIDSON CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HLTH CT		1					
			1					
			ļ					
		U	0		0	0	0	0
			1					
7404070		0021	A.E.	NAMENO TARELLOTTE DO DECETTE OF				
3404979	NEW RIVER AREAM	8931	45	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
	H/DD/SA PRO	+	1	RVICES IN IPRS.	1			
		+	1					
		0500	1.6	DEPATE NOT COURSED BY COMPANY	1			
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	48	68	1827	1759
		+	1	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
		1	1	DENEFII FACRAGE.	1			
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE	1			
	1	0,333	-	RVICES IN IPRS.	1			
l			1	RVICES IN IPRS.				